

**James H. Lash**  
Plant General Manager

724-682-7773

August 28, 2003  
L-03-136

Department of Environmental Protection  
Bureau of Water Quality Management  
Attention: DMR Clerk  
400 Waterfront Drive  
Pittsburgh, PA 15222


**National Pollutants Discharge Elimination System (NPDES) Monthly Report**  
**Permit No. PA0025615**

To Whom It May Concern:

Enclosed is the July 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter provides supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates that there were no exceedances to the permit limits during July 2003. We discovered, however, information regarding chlorination discharge time in excess of two hours in January 2003, that should have been included in that month's DMR. The report of that event and omission investigation is included as Attachment 2 to this letter. Attachment 3 describes a condition of more than trace amounts of foam being observed when a tree fell on a river boom.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry, at 724-682-7340.

Sincerely,

  
James H. Lash  
Plant General Manager

Attachments (2)  
Enclosure

IE25

National Pollutants Discharge Elimination System (NPDES) Monthly Report

L-03-136

Page 2

c: Document Control Desk US NRC  
U.S. Environmental Protection Agency  
S. F. Brown  
Central File: *Keyword- DMR*

**ATTACHMENT 1**

**Weekly Dissolved Oxygen Monitoring Results at Outfall 001**

The following supplemental weekly dissolved oxygen monitoring data for Outfall 001 is provided as agreed.

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>MEASURE UNITS</b>
03-Jul-03	1021 hours	7.47	mg/L
16-Jul-03	0930 hours	7.67	mg/L
23-Jul-03	1005 hours	7.72	mg/L
01-Aug-03	1630 hours	7.15	mg/L

- Attachment 1 END -

## ATTACHMENT 2

### Chlorine Discharge Detected for More than 2 Hours in January, 2003

During a review of data it was discovered that on January 27, 2003 Total Residual Chlorine (TRC) had been detected at Outfall 001 for more than two hours. The condition was discovered on January 28, 2003 and the required event report was intended for inclusion in the January Discharge Monitoring Report (DMR). The report describing that condition, was recently found to have been omitted from the DMR. The following describes the event with corrective actions, and the corrective actions implemented to prevent future DMR omissions.

#### EVENT

On January 27, 2003, it was determined that discharge of chlorine from Outfall 001 exceeded the two hour maximum as established in NPDES Permit No. PA0025615, Part C.8. This was determined by sample analyses after the 120 minute daily chlorination process was completed. Free Available Chlorine (FAC) was not detected. It should be noted that the actual chlorination injection time did not exceed two hours.

The cause was determined to be that system demand was low due to low ambient and water temperatures at that time of year allowed residual chlorine to be detected after injection had stopped. The condition was identified and documented in the FENOC Process Improvement Program under Condition Report CR-03-00929.

#### Event Corrective Actions

The immediate corrective action was to reduce the concentration of the chlorine injected. The second corrective action was to complete the design and implementation of a dechlorination process. These actions addressed requirements in Permit Part C.12.A - Chlorine Minimization, to, "(1) improve/adjust process controls and (2) improve operation/maintenance practices.

A review conducted after the event, did not reveal subsequent challenges to chlorine related Permit conditions and thus, indicate the corrective action have been effective.

#### EVENT REPORT INCLUSION OMISSION

When the January 27 event was documented, the supervisor noted that the information needed to be reported with the monthly DMR. It was, however, overlooked until a recent review of data. Condition Report CR-03-08916 was written to document and investigate the report omission.

#### Reporting Corrective Actions

A new DMR reporting process was implemented in March 2003 beginning with the February reports. The new DMR process includes a submittal review sheet that requires at least one peer review of the submittal prior to presentation for management approval. This peer review is conducted by cognizant NPDES and DMR cognizant personnel. Upon discovery of this report omission, the DMR review sheet now requires the preparer and peer reviewer(s) to certify that NPDES related Condition Reports are reviewed for DMR reportable information

#### EVENT IMPACT

No harm to the environment was observed relating to this incident. The ongoing BVPS Aquatic Monitoring Program, documented in the Annual Environmental Operating Report, Non-Radiological, continues to indicate that no adverse environmental impacts are observed from operation of Beaver Valley Power Station.

### **ATTACHMENT 3**

#### **More than Trace Foam at Outfall 001**

On July 9, 2003, more than trace amounts of foam were observed at Outfall 001. Beaver Valley Power Station maintains two booms at Outfall 001 to minimize foam from entering the river channel. The larger of the installed booms was torn away from its anchoring by a tree that fell during a storm the previous night.

The event was documented in the FENOC Process Improvement Program under Condition Report CR-03-07808. Corrective actions included the application of a defoaming agent in accordance with permit conditions, and execution of boom repair. No further challenges involving foam at Outfall 001 were identified in July 2003.

- Attachment 3 End -

Month: JULY  
Year: 2003

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

County: Beaver

Post-incineration weight = \_\_\_\_\_ dry tons

# UNIT

HAULED AS DEWATERED SLUDGE

[illegible]

TOTAL = 0.834.

TOTAL	2	
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DISPOSAL SITE INFORMATION: List all sites, even if not used this month				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca			
	Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:	0.834			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Chemistry Manager

Chemistry Manager 8/26/74 (724) 82-5113

Month: JULY  
Year: 2003

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

County: Beaver

Pre-incineration weight = \_\_\_\_\_ dry tons  
Post-incineration weight = \_\_\_\_\_ dry tons

## UNIT 2

HAULED AS DEWATERED SLUDGE

(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
12,000		2.0		.0000417		1.0008					.01		
	</												

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:	1.0008			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

~~Chemistry Manager~~

8/26/37

724 582-5113

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 UNITS 1&2 COOLG. TOWER BLWDN.  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.19	*****	8.36	( 12 )	0	6/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )		*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	6.3	9.1	( 19 )		2/31	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	3.1	4.5	( 19 )		2/31	GRAB
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	41.6	41.6	( 19 )	0	2/31	24HR Comp
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCH	COMP 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.27	0.33	( 19 )		2/31	GRAB
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	47.6	53.0	( 03 )	*****	*****	*****			DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		DAILY	CONT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 Signature for J. LASH  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7346

 AREA  
CODE

NUMBER

DATE

03 08 22

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. \* PLANT WAS NOT IN WET LAY-UP IN JULY 2003



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&amp;2 COOLG. TOWER BLWDN.

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.04	( 19 )	0	7/31	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 AVERAGE	1.25 MAXIMUM	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19 )		2/DAY	GRAB*
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		CONTINUOUS	RECORD
EFFLUENT GROSS VALUE				****							
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )		*	*
81313 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MD AVG	0.5 DAILY MAX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 08 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. \*\* CHLORINE ANALYZER IN-SERVICE, RECORDER OOS

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.606	0.046	( 03 )	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD				****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

24 682-7340

03 08 22

AREA CODE

NUMBER

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	3

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.7	0.7	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.05	0.05	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.11	0.14	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.15	0.21	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.23	0.26	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	0.066	0.240	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	( 03 )	*****	*****	*****			2/31	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724.682-740

03 08 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 UNIT ONE COOLG TOWER OVERFLOW  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.95	*****	8.33	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )		*	*
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY MONTH	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )		*	*
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )		*	*
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	39.1	110	( 03 )	*****	*****	*****			1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.10	0.16	( 19 )	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.08	( 19 )	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
JAMES H. CASH Plant General Manager							724 682-7340		03	08	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\* MONITORING REQUIREMENTS DELETED PER NPDES AMENDMENT 1



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH  
EFFLUENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD

YEAR MO DAY

03 07 01

YEAR MO DAY

03 07 31

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: MATTHEW J HARTMAN

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of J. Lash

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

724,682-7340

AREA  
CODE

NUMBER

DATE

03 08 22

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

EFFLUENT

 \*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724.682-7340

03 08 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

NAME BEAVER VALLEY POWER STATION  
ADDRESS PA ROUTE 168  
SHIPPINGPORT

PA 15077-0004

 PA0025615  
PERMIT NUMBER

 008 A  
DISCHARGE NUMBER

 MAJOR (SUBR 05)  
F - FINAL  
UNIT 1 COOLING TOWER PUMPHOUSE  
EFFLUENT

 FACILITY BEAVER VALLEY POWER STATION  
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	07	01	TO	03	07	31

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLOR (PT-CO UNITS) 00080 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	162	166	( 10 )		2/31	GRAB
	PERMIT REQUIREMENT			***		REPORT MO AVG	REPORT DAILY MX	PT-CO		TWICE MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.70	*****	8.25	( 12 )	0	5/31	GRAB
	PERMIT REQUIREMENT			***	15.0 MINIMUM		7.0 MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	27.0	36.5	( 19 )	0	3/31	GRAB
	PERMIT REQUIREMENT			***		30 MG AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	( 19 )	0	3/31	GRAB
	PERMIT REQUIREMENT			***		15 MG AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.3	0.3	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT			***		REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.5	2.2	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT			***		REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
MANGANESE, TOTAL (AS MN) 01055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.5	2.0	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT			***		REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER							724-682-7340		03 08 22		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 UNIT 1 COOLING TOWER PUMPHOUSE  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.45	0.79	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.26	0.50	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.21	0.21	( 19 )		2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40.001	40.001	( 03 )	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

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Signature of J. Lash

 SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

724/682-7340

AREA CODE NUMBER

DATE

03 08 22

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

## MONITORING PERIOD

 YEAR MO DAY  
03 07 01

 YEAR MO DAY  
03 07 31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.54	*****	8.07	( 12 )	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	8.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	41.6	41.6	( 19 )	0	1/31 *	24HR COMP
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0	0	MG/L		WHEN DISCH	COMP 24
EFFLUENT GROSS VALUE				****		MD AVG	INST MAX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.06	3.60	( 03 )	*****	*****	*****			1/7	MEAS
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	MEASRD
EFFLUENT GROSS VALUE		MD AVG	DAILY MX					****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19 )	0	1/7	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	INST MAX				
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19 )	0	1/7	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		AVERAGE	MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

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Signature for J. Lash

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7340

AREA CODE

NUMBER

DATE

03 08 22

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) \* CLMTRC (CT-1) DISCHARGED 1 TIME IN JULY 2003 AT OUTFALL 010.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.004	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MAX	MGD				****		WEEKLY	ESTIMATE
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT J. Wende FOR J. LASH	TELEPHONE		DATE		
			AREA CODE 724	NUMBER 682-7340	YEAR 03	MO 08	DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 BLOWDOWN FROM THE HVAC UNIT  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.03	*****	8.03	( 12 )	0	1/31	GLAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.23	0.35	( 19 )		2/31	GLAB
01042 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	11.7	32.7	( 19 )		3/31	GLAB
01092 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	( 03 )	*****	*****	*****			1/31	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/MONTH	ESTIMA
EFFLUENT GROSS VALUE								****			
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	506	624	( 19 )		2/31	GLAB
70295 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 08 22

AREA CODE

NUMBER

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.45	*****	7.52	( 12 )	0	1/7	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.02	( 19 )		2/31	GRAB
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.022	0.024	( 19 )		2/31	GRAB
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.033	0.078	( 03 )	*****	*****	*****			2/31	Est
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WICE/MONTH	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
JAMES H. LASH Plant General Manager TYPED OR PRINTED			724 682-7340	03	08	22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004

ATTN: MATTHEW J HARTMAN

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.88	*****	8.32	( 12 )	0	3/31*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	( 19 )	0	3/31*	2hr Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	COMP-2
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	( 19 )	0	3/31*	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	**	**	( 19 )		**	**
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.003	0.013	( 03 )	*****	*****	*****			DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	**	**	( 19 )		**	**
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN JULY 2003

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

102 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	07	01	03	07	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.66	*****	7.88	( 12 )	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	27.8	70.6	( 19 )	0	4/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	( 19 )	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	( 03 )	*****	*****	*****			2/31	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.27	*****	7.70	( 12 )	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	27.6	63.5	( 19 )	0	3/31	24-HR COMP
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L		TWICE MONTH	COMP 24
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.041	0.165	( 03 )	*****	*****	*****			29/31	MEAS
50050 1 0 0	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE MONTH	ESTIMATE
EFFLUENT GROSS VALUE								****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
Plant General Manager  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 UNIT 2 SERVICE WATER BACKWASH  
EFFLUENT

 \*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MONTHLY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature] FOR J. LASH

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7340

DATE

03 08 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

111 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

INTERNAL OUTFAL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.99	*****	7.44	( 12 )	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.6	7.0	( 19 )	0	1/7	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	( 19 )	0	1/7	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
EFFLUENT GROSS VALUE		MD AVG	DAILY MX					****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7340

03 08 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

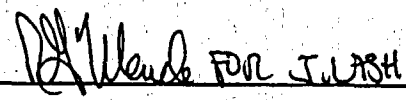
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	07	01	To	03	07
				31	

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.62	*****	7.87	( 12 )	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.9	8.8	( 19 )	0	2/31	8 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	60 MD AVG	60 DAILY MX	MG/L		TWICE MONTH	COMP-B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.030	0.075	( 03 )	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.32	0.38	( 19 )	0	2/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.4 MD AVG	3.3 INST MAX	MG/L		TWICE MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2024	*****	( 13 )	0	3/31	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 MD GEOMN	*****	#/ 100ML		TWICE MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	23.0	23.0	( 19 )	0	2/31	8 HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 MD AVG	50 DAILY MX	MG/L		TWICE MONTH	COMP-B
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
JAMES H. LASH Plant General Manager TYPED OR PRINTED			724-682-7340	03	08	22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	07	01	TO	03	07

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	7.89	( 12 )	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	11.0	11.9	( 19 )	0	2/31	8HR COMP
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	60 DAILY MX	MG/L		TWICE MONTH	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	0.006	0.019	( 03 )	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY MEASRD	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	0.34	0.60	( 19 )	0	2/31	GRAB
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	1.4 MD AVG	3.3 INST MAX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	41	*****	( 13 )	0	2/31	GRAB
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	200 MD GEDMN	*****	#/ 100ML		TWICE MONTH	GRAB
50060 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	3.3	3.6	( 19 )	0	2/31	8HR COMP
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	25 MD AVG	50 DAILY MX	MG/L		TWICE MONTH	GRAB
74055 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT										
80082 1 0 0	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724.682-7340

03 08 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

INTERNAL OUTFAL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	07	01	03	07	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.12	*****	7.49	( 12 )		1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	( 19 )	0	1/7	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	20 MG AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	( 19 )	0	1/7	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15 MG AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE								****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 08 22

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

INTERNAL OUTFALL

 \*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	07	01	03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE / GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L		TWICE / GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MG AVG	20 DAILY MX	MG/L		TWICE / GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

301 A

DISCHARGE NUMBER

MAJOR

(SUFR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

INTERNAL OUTFAL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	07	01	TO	03	07
					31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	( 19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	( 19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MG AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40.001	40.001	( 03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY EST	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

GENERAL PLANT MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of James H. Lash

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

AREA CODE

NUMBER

DATE

03 08 22

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PA0025613

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.11	*****	7.37	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.3	15.6	( 19 )	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	( 19 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.019	0.056	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH  
Plant General Manager  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

INTERNAL OUTFAL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	07	01	TO	03	07	31

ATTN: MATTHEW J HARTMAN

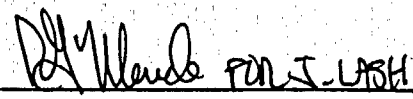
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.02	*****	7.22	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	8.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.4	8.0	( 19 )	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	20 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	( 19 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**JAMES H. LASH**  
 PLANT GENERAL MANAGER  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE  
**724 682-7340**  
 AREA CODE NUMBER

DATE  
**03 08 22**  
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.





NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

MAJOR

(SUBR 05)

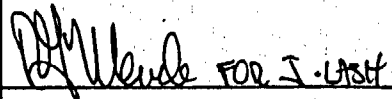
F - FINAL

 CONDENSATE BLOWDOWN & RIVR WAT  
INTERNAL OUTFAL

 \*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MD AVG	0 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	YES/NO
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
JAMES H. LASH Plant General Manager TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		724 682-7340 AREA CODE NUMBER		03 08 22 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL

BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

PAGE 0F

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

413 A

DISCHARGE NUMBER

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	07	01		03	07	31

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

INTERNAL OUTFAL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.03	*****	7.53	( 12 )	0	3/31 *	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	27.1	60.8	( 19 )	0	4/31 *	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	( 19 )	0	3/31 *	GRAB
00536 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	20.001	20.001	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JAMES H. LASH  
 Plant General Manager  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature] FOR J. LASH

TELEPHONE  
 741-682-7360  
 AREA CODE NUMBER

DATE  
 03 08 22  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

\* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN JULY 2003



